DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

CENTER FOR SUBSTANCE ABUSE PREVENTION

COMMUNITY-INITIATED PREVENTION INTERVENTIONS

Short Title: COMMUNITY-INITIATED INTERVENTIONS

Guidance for Applicants (GFA) No. SP00-001

PART I - Program Guidance

Catalog of Federal Domestic Assistance No. 93.230

Under the authority of Section 501(d)(5) of the Public Health Service Act, as amended(42 USC 290aa), and subject to the availability of funds, the SAMHSA Center for Substance Abuse Prevention will accept applications in response to this Guidance for Applicants for the receipt date of Sept. 10, 2000.

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Part I - PROGRAMMATIC GUIDANCE

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[Note to Applicants: In order to prepare an application, PART II,"General Policies and Procedures Applicable to all SAMHSA Guidance for Applicants (GFA) Documents" (February 1999 edition), must be used in conjunction with this document, PART I, "Programmatic Guidance."]

Section I. OVERVIEW

Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP) announces the availability of community-initiated grants to support Knowledge Development with At-Risk Populations.

The purpose of this grant program, "Community-Initiated Prevention Interventions," is to support knowledge development by soliciting applications for studies that field test effective substance abuse prevention interventions that have been shown to prevent, delay or reduce alcohol, tobacco, or other illegal drug use and/or associated social, emotional, behavioral, cognitive and physical problems among at-risk populations in their local community(ies) and /or other domains. These other domains include the individual, the family, the school, the health care provider and the workplace.

This Guidance for Applicants (GFA) was piloted in the Spring/Summer of FY 1999 and has undergone revisions based on field, reviewer and staff input.

Eligibility

Applications may be submitted by units of State and local or Indian Tribal governments, domestic private non-profit and for-profit organizations such as community-based organizations and health care delivery systems including managed care organizations and hospitals, and universities and colleges.

Availability of Funds

It is estimated that approximately $2 million will be available to support approximately 7 awards under this GFA in FY 2001. Awards are expected to range from $250,000 to $350,000 in total costs, including direct and indirect costs. Awards must not exceed $350,000 in total costs. These funds may be used to pay for the local intervention services (if other funds are not available), data collection and analysis, preparation of the project reports, submission of final reports and curricula, and intervention implementation manuals for others to use for replications.

Period of Support

Support may be requested for a period of up to 3 years. Annual awards will be made subject to the continued availability of funds and progress achieved.

Background

The mission of SAMHSA/CSAP is to decrease substance abuse and related problems among the American public through prevention. To help achieve this goal, this grant program will fund knowledge development regarding substance abuse prevention interventions that are science-based and have demonstrated positive outcomes in reducing risk factors and/or reducing actual substance use. In particular, the program seeks to determine the most effective prevention intervention models and associated services for preventing, delaying, and/or reducing substance use and abuse by at-risk populations that can be implemented in local communities and/or other domains such as the family, the school, the health care provider or the workplace. The program also intends to measure and document reductions in substance abuse and/or associated problems in comparison with other groups receiving no intervention or a different intervention. Associated problems include social, emotional, cognitive, and physical developmental problems and/or abuse that precede and/or relate to substance use in the target population.

Researchers have come a long way in the field of prevention and now have developed a number of effective programs (Kumpfer, 1997, Sloboda and David, 1997, Brounstein et al., 1998). These new behavioral prevention approaches have been proven to be effective in specialized research settings with specific and sometimes not typical subject populations. Now it is time to build a better bridge between research and practice by testing these newly-developed prevention interventions on a wider scale, in real-life community settings, and with diverse populations. Thus, CSAP seeks to determine the effectiveness of sound substance abuse prevention strategies and programs when applied across diverse settings and populations, to make them available to its constituencies for immediate application, and in a form that promotes ease of application.

Suggested types of interventions that require further testing in at-risk populations include, but are not necessarily limited to:

- gender-relevant interventions
- ethnic and racially or culturally relevant interventions
- youth empowerment interventions
- substance abuse interventions for the elderly
- family mentoring/support interventions
- parent/peer support group interventions
- school violence prevention interventions
- school climate change interventions
- resiliency strengthening interventions
- tutoring interventions
- workplace interventions
- health care interventions such as anticipatory guidance and identification of co-morbid conditions
- community partnerships or coalition interventions
- follow-up studies of ongoing effective interventions
- children in foster care or homeless children interventions

Projects funded under this GFA may test interventions within any one or any combination of domains. If more than one intervention is tested in a comprehensive project, a factorial design testing the components individually and in combination is recommended.

Brief Overview of Substance Abuse Problem: Biological and developmental factors in the individual in addition to family, school, community, and workplace environments contribute to making particular populations especially susceptible to becoming substance abusers. These same factors also place populations at-risk for developing and/or experiencing other social, emotional, behavioral, cognitive and physical problems. (Eigen and Rowden, 1996; Kumpfer et al., 1996; Sloboda and David, 1997). For example, prevention interventions across the developmental trajectory and gender have not been well-studied although both are clearly linked to changing patterns of substance abuse.

Developmental Trajectory: According to the literature, substance use is most likely to start with alcohol, tobacco, inhalants, or marijuana around the age of 12 with some children advancing to heavier use of these drugs as well as

other illegal drugs in adolescence (Kandel, 1988). Substance use before age 15 has been linked to increased risk of substance abuse and other psychosocial and health problems in adulthood (Grant and Dawson, 1997). For these reasons it is becoming increasingly clear that early intervention is important because by the time some of these adolescents become serious substance abusers, they may have dropped out of school and, as such, become more difficult to reach.

The adolescent to young adult transition period is another vulnerable time for the development of substance abuse. According to the 1998 National Household Survey of Drug Abuse, more than 4.5 million of the 13.6 million Americans using an illicit drug during the past 30 days were young adults between the ages of 18 and 25. In fact, young adults are more likely than youth to be current or occasional drug users (OAS/SAMHSA, 1999). For example, national surveys consistently reveal that the prevalence of periodic or high risk drinking (defined as consuming five or more drinks at one time) is greatest among young adults, in particular college students (Gfroerer, 1998).

A far less visible age group at-risk for substance abuse is the elderly. Approximately 17 percent of adults over the age of 60 abuse substances, particularly alcohol and prescription drugs. This problem has not been adequately addressed in either the substance abuse or the gerontological literature. However, as the large cohort of baby boomers ages, it is likely to become a larger problem (SAMHSA/CSAT, 1998).

Gender: During the past decade an increasing proportion of young girls have abused a number of drugs than in the past so that they are now becoming similar in their use patterns to young boys. In fact, 8th grade girls now exceed 8th grade boys in their use of half of the fourteen major drugs of abuse. Most of the drugs used by girls at higher rates than boys are stimulants; namely, tobacco, methamphetamine, cocaine, crack and some inhalants (NIDA/NIH, 1998). Girls' greater use of stimulants has been attributed to their lower self esteem, desire to lose weight, and higher rates of depression during adolescence. Unfortunately, there is little research on the divergent rates of drug use between boys and girls, and even less research on effective gender specific prevention interventions. There are, however, several psychological theories about women that may help explain these gender differences including among others, communication and

information processing (Gilligan, 1993; Miller, 1986). Such theories could be used as the basis for gender-specific approaches to prevention similar to the gender specific treatment approaches adopted and implemented over the recent past (Leshner, 1998).

Effective Prevention Interventions: A number of effective prevention interventions have been developed for these at-risk populations and have been tested through scientifically defensible studies. According to the Institute of Medicine's definition of prevention, these effective interventions include universal interventions for all populations, selective interventions for at-risk populations, and indicated interventions for populations already exhibiting problems related to substance use and abuse (IOM, 1994).

Some of these interventions are targeted to specific age and racial/ethnic groups, while others are more broad in their application (CSAP PEPS, 1998, other CSAP documents on best practices; Sloboda and David, 1997; Kumpfer et al., 1996; Catalano et al., 1997; NIAAA, 1997; Holder, 1997; Davis et al., 1994). At the same time, many of these research-based interventions have not been tested by independent evaluators and/or with other populations. In order to assure their effectiveness and generalizability with many populations, these models need to be refined and/or adapted and tested under real world conditions more closely approximating their ultimate use by prevention practitioners in the field (Kumpfer, 1997). As such, there is a great need to adapt, test, replicate and conduct longitudinal studies of these prevention interventions in local community settings with diverse populations. Meeting this need by developing gender-specific, culturally valid, and locally effective services will help address another critically important goal -- to provide at-risk population groups with access to effective prevention interventions and other needed services. Examples of such interventions are described in the SAMHSA publication, *Science-Based Practices in Substance Abuse Prevention: A Guide* (Brounstein et al., 1998).

Goals

Applicants must address one or both of the following goals, as appropriate for their particular project.

1) To determine how effective the selected prevention intervention model is in preventing, delaying, and/or reducing substance use and abuse in the intervention group as compared to a comparison group of the target population (excluding children aged under 12 years of age) in a local community setting which can include health care facilities and juvenile detention facilities.

2) To determine how effective the selected prevention intervention model is in preventing, delaying, and/or reducing problems associated with substance use and abuse in the intervention group as compared to a comparison group (including children under 12 years of age) in a local community setting. These associated problems can include social, emotional, cognitive, and physical developmental problems that precede and/or relate to substance use and abuse.

For both goals, applicants must provide assurances that control/comparison groups will not be denied prevention or treatment services that they would normally receive. SAMHSA is not seeking comparisons with those receiving no services, but with those receiving the services typically provided in the absence of this project's intervention. All presenting for services should receive them and no one person should receive less than was typical in the absence of SAMHSA funds under this program.

SAMHSA/CSAP Program Coordinating Center

A Program Coordinating Center (PCC) has been established by CSAP, funded under a separate contract and charged with identifying commonalities among the individual grant projects so that their findings can be generalized to larger populations and/or other domains. All grantees will be required to cooperate with the PCC. Pursuant to this, the PCC will collect and analyze individual grantee project data required by SAMHSA in order to fulfill its reporting responsibilities under the Government Performance and Results Act (GPRA) as well as additional required common variables.

Section II - CONTENT OF APPLICATIONS: PROJECT REQUIREMENTS

Application Requirements

All applicants must submit a 5-line, 72 characters per line summary of their proposed projects for later use in publications, Reports to Congress, press releases, etc. should their applications be funded. This summary could be placed as the first 5-lines of the abstract that must be submitted as part of the application. In addition to this abstract, applications must include the information specified below under the appropriate section A-D headings. The information requested for each of these sections relates to the individual review criteria in Section III of the GFA.

A. Description of Project

Grant applicants must describe the need for implementing a scientifically defensible prevention intervention in their communities by documenting the extent of substance use and/or abuse as well as substance abuse-related problems. Specifically, they should describe their target population in terms of race, ethnicity, age, and gender as well as their risks for substance abuse and substance abuse related problems. If possible and where appropriate, they should present any available local needs assessment data on the target population's risk and protective factors as well as use rates for tobacco, alcohol and illicit drugs. This description of use rates should include the type and level of substance use and whether or not the population has been or is in treatment.

Applicants should conduct a review of current literature that documents, with published citations, the vulnerability of their chosen population and the scientific basis for the chosen intervention. The effectiveness of this intervention should be documented as should the rationale for its choice for field testing in the particular target population. This literature review should demonstrate an understanding of the state-of-the-art and/or science related to the local community and/or at-risk population's problems and how the proposed intervention could solve its problems and advance the field. The review should also reflect the current state of knowledge regarding culturally competent services and the referenced citations should relate to the population being served.

The proposed projects should be described in terms of how they address the goals of the GFA, and relate to the

community's, stakeholder's and/or population's needs by preventing further escalation of the substance abuse and/or substance abuse-related problems, advance the state-of-the art in prevention, as well as add to the knowledge base on "best practices."

B. Project Plan (Design)

Applicants should describe how their proposed projects address the goals of the GFA by providing a detailed presentation of their interventions, how they will be modified, implemented and tested in their communities as well as how they will be made culturally appropriate for the target populations.

The project plan should include an estimate of the size of the participant pool, how and from where the participants for both the treatment and control/comparison groups will be identified, recruited, enrolled and retained in the study and how attrition will be handled for both the treatment and control/comparison groups as well as the incentives that will be used. The participant inclusionary and exclusionary criteria must also be described in terms of: basic socio-demographics, including age, gender, ethnicity, and other distinguishing characteristics. In addition, applicants should provide plans to resolve potential recruiting problems and plans to obtain as much data as possible on project drop-outs. Furthermore, applicants must provide assurances that control/comparison group participants will not be denied prevention or treatment services, rather that they will be provided with standard services.

Applicants should describe how the project plan addresses age, race/ethnic, cultural, language, and gender issues in the proposed activities. This description should also specify the types of intervention services in terms of how they are to be provided, dosage levels and costs. Applicants must also specify how they will maintain project fidelity and project core concepts in their adaptations of their chosen scientifically defensible intervention.

Applicants should describe the strategies to ensure the inclusion and retention of the target population in the planning and design, implementation and analysis of the project results. Where applicable, they should include a

detailed discussion of how HIV/AIDS and alcohol will be addressed.

C. Methodology, Data Collection, Analysis and Performance Monitoring

Applicants must describe in detail how they plan to evaluate their projects to determine whether or not they meet their goals, document their projects to ensure fidelity and validity, as well as describe the process and outcome data collection procedures. For this purpose, they must use and describe the appropriate measures from the CSAP GPRA Client Outcome Measures for Discretionary Programs Questionnaire as approved by the Office of Management and Budget under control no. 0930-0208. This CSAP GPRA Questionnaire includes two separate instruments, the Adult Tool and the Youth Tool. The adult tool should be used for all adults aged 18 and older and the youth tool should be used for all youth between the ages of 12 and 17. Although this GPRA instrument calls for measuring alcohol, tobacco and other drug (ATOD) use and attitudes at project entry, exit, and 6 months and 12 months later, applicants are not required to use the 12 month measure if it is not feasible given their project time lines.

In addition, applicants are highly encouraged to use measures from the CSAP Core Measure Initiative where applicable (see Appendices A and B). These core measures are being submitted to the Office of Management and Budget and are expected to be approved by September 30, 2000.

If additional measures are needed, they may be used. In these cases, applicants must describe their reasons for not using GPRA and/or the Core Measures. For example, SAMHSA/CSAP is aware that there is a need for age and culturally-relevant instruments and will allow applicants to propose adaptations of instruments if necessary to meet the needs of their target populations. At the same time, applicants proposing systems change studies must also include person-specific variables to meet GPRA requirements along with appropriate systems change variables.

Project Evaluation Methodology: All grant applicants must employ rigorous evaluation designs capable of addressing the SAMHSA program goals pertaining to the effectiveness of the intervention for the target population, including gender

relevance and cultural appropriateness. These designs should present clear hypotheses or research questions, clear plans for how applicants plan to implement and maintain the integrity of their interventions to assure and document the adherence (fidelity) of their projects and the validity of the results.

For participants that are 12 years of age or older, actual substance use and associated problems should be documented. For participants that are under 12 years of age social, emotional, cognitive and/or physical developmental problem data should be collected because these can be precursors of later substance use and abuse. For participants from 9 to 11 years of age inclusive it is recommended that applicants document ATOD use and attitude changes.

This evaluation plan should be described in sufficient detail to allow others to assess the intervention's adequacy, appropriateness, and feasibility in terms of its potential to contribute new knowledge to the field of substance abuse prevention by delaying, reducing or preventing substance use in the target population, and/or how it may improve behavioral, emotional, social, cognitive and physical outcomes.

Applicants should describe their analytical designs, specify their guaranteed minimum final sample sizes, and include power analyses to ascertain that their minimal sample sizes are adequate for their proposed studies.

The description of the project and its analysis should be included in a plan for developing manuals that can be widely disseminated for further replication and adaptation. In addition, applicants must describe plans to disseminate findings to promote advances in the prevention field through presentations, publications in journals and in other venues such as, fact sheets, training and technical assistance and websites.

Data Collection and Analysis: As stated earlier, all applicants must use the GPRA client outcome measures and are highly encouraged to use appropriate CSAP Core Measure Initiative variables. More information about GPRA is provided in Part II under the section with the same name. If additional measures are needed, they may be used. In all

cases, however, the proposed measurement instruments should be described in regard to their normative properties and relevance to the age, culture, language, and gender of the target population. These instruments should be reliable and valid, and to the extent possible, normed on the populations being assessed. Data collection instruments/psychometric properties/interview protocols should be included in Appendix No.1 entitled, "Data Collection Instruments/Interview Protocols."

A description of the strategies for data collection, processing, clean-up, control, and retention should be included in the application. Process and outcome data collection procedures should be described in regard to how uniform data collection will be ensured on both the treatment and control/comparison groups, the time frame for conducting the assessments over the course of the project, and how participant protection will be assured. The process/implementation data should focus on determining whether the intervention is implemented as planned.

Applicants must document their data analysis plans to address the project goals. Attention should be paid to whether the proposed statistical procedures provide a focused test of the hypotheses and whether these tests have adequate statistical power and provide reliable and valid findings as well as detect the predicted effects, especially if the applicant plans to use complex theoretical models.

Lastly, applicants must include plans to cooperate with the Program Coordinating Center by helping them identify common variables and budgeting two meetings per year to work with the PCC.

D. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support

Applicants must describe how they plan to manage and implement their projects, as well as their organization and staff's qualifications and experience, their resources and other sources of support.

Implementation Plan: Applicants should describe the expected project management implementation plan. As such, they should

include a time line that displays each specific activity, the target date for completion, and the responsible person. This information may be presented in a table.

Organization: Applicants should describe the capability and experience of their organization and collaborating agencies with similar projects and populations. This experience must pertain to the delivery of substance abuse prevention and other behavioral, emotional, social, cognitive and physical health services. Applicants should also describe their past and present experience in collaborating with other agencies, organizations, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics and other organizations, where appropriate.

Staff: The application should include a description of the proposed staffing plan that includes proposed staffing patterns (e.g., rationale for percent of time for key personnel and consultants). The application should also include a description of the qualifications and relevant experience of the Project Director, other key staff, the proposed consultants and/or subcontractors. This experience must pertain to the provision of substance abuse prevention interventions and other behavioral, social, cognitive and physical health services as well as relevant research experience. The cultural capabilities of the staff should also be described to ensure cultural competence in communicating with the target population and in the proposed intervention. Furthermore, applicants must document their staff's experience, familiarity, links and acceptance by the communities and the target populations to be served.

Equipment/Facilities: The application should include a description of relevant resources such as computer facilities and equipment as well as their location/facility in terms of space, accessibility (in compliance with the Americans with Disabilities Act) and environment.

Other Support: Applicants should describe other resources, not accounted for in their proposed budgets but necessary for their projects. They should also present their plans for securing resources to sustain their project once Federal funding is terminated, or for reducing their project if they cannot obtain additional resources.

Post-Award Requirements

Grantees must submit three quarterly progress reports during the first year and annual reports at the end of each fiscal year documenting their progress and presenting available findings. At the end of the grant period all grantees must submit a Final Report that emphasizes findings as well as provides a detailed description of their project. This project description should document how the proposed intervention can be implemented and analyzed so that it can be replicated by other persons in other settings or populations if it is determined to be effective. Annual and Final Report formats will be provided to grantees to use in developing these deliverables. In addition, grantees must develop a dissemination plan to publicize their results to promote advances in the prevention field. This can be done through presentations, publications, fact sheets and websites.

Section III - REVIEW OF APPLICATIONS

Guidelines

Applications submitted in response to this GFA will be reviewed for scientific/technical merit in accordance with established PHS/SAMHSA review procedures outlined in the Review Process Section I, Part II. Applicants must review the Special Considerations/Requirements and Application Procedures sections that follow, as well as the guidance provided in Part II, before completing their applications.

It is important to note that review criteria A-D below correspond to subsections A-D in the prior Project Description section to assist in the application process. Applicants must follow the review criteria headings and bulleted statements for the format structure of the Project's Narrative portion of the application.

Applications will be reviewed and evaluated according to the following review criteria. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. The assigned points will be used to calculate a raw score that will be converted to the official priority score.

The bulleted statements that follow each review criterion are provided to invite attention to important areas. They serve as a guide for the area(s) that applicants must address under each review criterion. These statements do not have weights.

Peer reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence and gender specificity. Points will be deducted from applications that do not adequately address the cultural and gender aspects of the criteria. See Appendix D in Part II, included in the application kit, for guidelines that will be used to assess cultural competence.

Review Criteria

A. Significance of Project **(15 points)**

- Extent to which the substance abuse prevention problem is defined, including supportive data regarding need.

- Extent to which the applicant's literature review demonstrates an understanding of the state-of-the-art and/or science of substance abuse prevention intervention and proposed solutions in relation to the proposed project. The literature review must reflect current state of knowledge regarding culturally competent and gender specific services in this area and include an appropriate discussion which demonstrates how the referenced citations relate to the population to be served and document the efficacy of the proposed intervention.

- Extent to which the applicant demonstrates an understanding of the goals of the program as defined in this GFA.

- Extent to which the proposed project moves toward resolution or resolves the stated problem, including an understanding of the particular substance abuse prevention issues related to the target population, thereby advancing the field.

- Extent to which the project will contribute to our knowledge of "best practices" in prevention.

- Extent to which the applicant demonstrates an understanding of the target population in terms of race, ethnicity, age, and gender as well as it's risks for substance abuse and substance abuse related problems, including any available local needs assessment data on the target population's risk and protective factors as well as use rates for tobacco, alcohol and illicit drugs.

B. Project Plan (Design) **(20 Points)**

- Extent to which the proposed study design addresses the program and proposed project's goals, including cultural appropriateness.

- Extent to which the applicant demonstrates the ability to identify, recruit, and retain the target population for the treatment and control/comparison groups in the study sites and for the intended intervention services and provides assurances that members of the control/comparison group will have access to standard services, if needed.

- Extent to which the project plan appropriately addresses age, race/ethnic, cultural, language, and gender issues in the proposed activities such as outreach, intervention and/or services.

- Extent to which applicant demonstrates an ADEQUATE PARTICIPATORY PLANNING PROCESS that involves individuals similar to the target population in the development of these modifications/refinements of the proposed intervention, planned implementation and data interpretation.

- Extent to which HIV/AIDS and/or alcohol are addressed adequately and appropriately in the proposed project, when applicable.

C. Methodology, Data Collection, Analyses and Performance Monitoring **(40 points)**

Project Methodology

- Extent to which the applicant demonstrates that the

methodology is conducive to the design and study questions, as well as appropriate for the target population.

- Appropriateness of the analytic design, including the power analyses to ascertain that the minimal sample size for the participant groups is adequate for the proposed study, strategies to control for selection and attrition bias and confounding variables, and the evaluation of service process.

- Appropriateness of the plan for documenting the project for future replication purposes and dissemination of findings, including feedback to participants.

Data Collection and Analysis

- Appropriateness of selected GPRA and SAMHSA/CSAP core measures for the project.

- Appropriateness of other measurement and/or evaluation instruments; that is construct validity and reliability of existing measures selected or strategies for obtaining validity and reliability of measurements to be used, and the appropriateness of these measures for the target population.

- Appropriateness of strategies for data management, data processing and clean-up, quality control, and data retention.

- Appropriateness of the analytical and statistical strategies to provide reliable and valid findings.

D. Project Management Plan, Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support: **(25 points)**

Implementation Plan

- Extent to which the proposed management plan and implementation time line are feasible, achievable and realistic as well as culturally appropriate.

Organization

- Capability and experience of the applicant organization with similar projects and populations.

- Extent to which there is collaboration with other agencies, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics, or other organizations where appropriate.

Staff

- Evidence that the proposed staffing pattern is appropriate and adequate for implementation of the project.

- Qualifications and experience of the Project Director, and other key personnel, including proposed consultants and subcontractors if necessary.

- Extent to which the staff is reflective of the target population or can demonstrate cultural competence and sensitivity to language, age, gender, race/ethnicity, sexual orientation and other cultural factors related to the target population.

Equipment/Facilities

- Adequacy and availability of resources and equipment.

- Evidence that the activities or services are provided in a location/facility that is adequate and accessible (in compliance with the Americans with Disabilities Act), and the environment is conducive to the population served.

Other Support

- Adequacy of additional resources not taken into account in the budget that will be utilized to implement this project, if applicable.

- Appropriateness of a plan to secure resources to

extend this project beyond the Federally-funded program years, or reduce it if no support is available.

NOTE: Although the reasonableness and appropriateness of the proposed budget for each year of the proposed study is not a review criterion for this GFA, the Initial Review Group will be asked to consider it after the merits of the applications have been considered.

Section IV. SPECIAL CONSIDERATIONS/REQUIREMENTS

SAMHSA's policies and special considerations/requirements related to this program include the sections listed below. Refer to these sections under the same names in Part II for more detail.

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2000 Priority area on alcohol, tobacco and other drugs
- Consumer Bill of Rights
- Promoting Nonuse of Tobacco
- Supplantation of Existing Funds
- Letter of Intent
- Coordination with Other Federal/Non-Federal Programs
- Single State Agency Coordination
- Intergovernmental Review (E.O. 12372)
- Confidentiality/SAMHSA Participant Protection

Specific guidance and requirements for this application related to these policies and special considerations/requirements can be found in Part II in the section by the same name.

Section V - APPLICATION PROCEDURES

All applicants must use application form PHS 5161-1 (Rev. 6/99), which contains Standard Form 424 (face page). The following must be typed in Item Number 10 on the face page of the application form:

SP00-001 Community-Initiated Interventions

For more specific information on where to obtain application

materials and guidelines, see the Application Procedures section in Part II. Completed applications must be sent to the following address.

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive
Bethesda, MD 20892-7710*

*Applicants who wish to use express mail or courier service should change the zip code to
20817

Complete application kits for this program may be obtained from the National Clearinghouse for Alcohol and Drug Information (NCADI), phone number: 800-729-6686. The address for NCADI is provided in Part II.

APPLICATION RECEIPT AND REVIEW SCHEDULE

The schedule for receipt and review of applications under this GFA is as follows:

Receipt Date	IRG Review	Council Review	Earliest Start Date
Sept. 10 2000	Sept.2000	Nov. 2000	Jan. 2001

Applications must be received by the above receipt dates to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and the proof-of-mailing date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing. (NOTE: These instructions replace the “Late Applications” instructions found in PHS 5161-1.)

CONSEQUENCES OF LATE SUBMISSION

Applications received after the specified receipt date will be returned to the applicant without review.

Application Requirements/Component Check List

All applicants must follow the requirements and guidelines for developing an application presented in Part I Programmatic Guidance and Part II General Policies and Procedures Applicable to all SAMHSA GFA Documents.

The application should provide a comprehensive framework and description of all aspects of the proposed project. It should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant. It should be succinct and well organized, should use section labels that match those provided in the table of contents for the Project Narrative that follows, and must contain all the information necessary for reviewers to understand the proposed project.

To ensure that sufficient information is included for the technical merit review of the application, the Project Narrative section of application must address, but is not limited to, issues raised in the sections of this document entitled:

1. Project Description
2. Project Requirements
3. Guidelines and Review Criteria for Applicant

Note: It is requested that on a separate sheet of paper the name, title, and organizational affiliation of the individual who is primarily responsible for writing the application be provided. Providing this information is voluntary and will in no way be used to influence the acceptance or review of this application. When submitting this information, please insert the completed sheet behind the application face page.

A **COMPLETE** application consists of the following components **IN THE ORDER SPECIFIED BELOW**. A description of each of these components can be found in Part II.

_____FACE PAGE FOR THE PHS 5161-1 (Standard Form 424 - See Appendix A in Part II for instructions.)

_____OPTIONAL INFORMATION ON APPLICATION WRITER (see note above).

_____ABSTRACT (not to exceed 30 lines)

_____TABLE OF CONTENTS (include page numbers for each of the major sections of the Project Narrative, as well as for each appendix)

_____BUDGET FORM (Standard Form 424A - See Appendix B in Part II for instructions.)

_____Project NARRATIVE (The information requested for sections A-D of the Project Narrative is discussed in the subsections with the same titles in Section II - Project Description and Section III - Guidelines and Review Criteria for Applicant. **Sections A-d may not exceed 25 single-spaced pages. Applications exceeding these page limits will not be accepted for review and will be returned to the applicant. Applications not conforming to the following table of contents will be considered not responsive to the GFA and will not be reviewed**)

_____A. Description of Project
_____B. Project Plan (Design)
_____C. Methodology, Data Collection, Analyses and Performance Monitoring
_____D. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support

There are no page limits for the following sections E-H except as noted in H. Biographical Sketches/Job Descriptions. Sections E-H will not be counted toward the 25 page limitation for sections A-D.

_____E. Literature Citations (This section must contain complete citations, including titles and all authors, for literature cited in the application).
_____F. Budget Justification/Existing Resources/Other Support

_____Sections B, C, and E of the Standard Form 424A must be filled out according to the instructions in Part II, Appendix B.

_____A line item budget and specific justification in narrative form for the first project year's direct costs AND for each future year must be provided. For contractual costs, provide a similar yearly breakdown and justification for ALL costs (including overhead or indirect costs.

_____All other resources needed to accomplish the project

the life of the grant (e.g., staff, funds, equipment, office space) and evidence that the project will have access to these, either through the grant or, as appropriate, through other resources, must be specified.

Other Support ("Other Support" refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding "other support," i.e., all Federal and non-Federal active or pending support. Applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to the PHS and could, therefore, lead to delay in the processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals pending review or funding that relate to the project. If there are none, state "none." For all active and pending support listed, also provide the following information:

1. Source of support (including identifying number and title).
2. Dates of entire project period.
3. Annual direct costs supported/requested.
4. Brief description of the project.
5. Whether project overlaps, duplicates, or is being supplemented by the present application; delineate and justify the nature and extent of any programmatic and/or budgetary overlaps.

_____G. Biographical Sketches/Job Descriptions

A biographical sketch must be included for the project director and for other key positions. Each of the biographical sketches must not exceed **2 pages** in length. In the event that a biographical sketch is included for an individual not yet hired, a letter of commitment from that person must be included with his/her biographical sketch. Job descriptions for key personnel must not exceed **1 page** in length. The suggested contents for biographical sketches and job descriptions are listed in Item 6 in the Project Narrative section of the PHS

5161-1.

_____H. Confidentiality/SAMHSA Participant Protection
The information provided in this section will be used to determine whether the level of protection of participants appears adequate or whether further provisions are needed, according to SAMHSA Participant Protection (SPP). Adequate protection of participants is an essential part of an application and will be considered in funding decisions.

Projects proposed under this announcement may expose participants to risks in as many ways as projects can differ from each other. Following are some examples, but they do not exhaust the possibilities. Applicants should report in this section any foreseeable risks for project participants, and the procedures developed to protect participants from those risks, as set forth below. Applicants should discuss how each element will be addressed, or why it does not apply to the project.

Note: So that the adequacy of plans to address protection of participants' confidentiality, and other ethical concerns can be evaluated, the information requested below, which may appear in other sections of the narrative, should be included in this section of the application as well.

1. Protection from Potential Risks:

(a) Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects, besides the confidentiality issues addressed below, which are due either to participation in the project itself, or to the evaluation activities.

(b) Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects and the rationale for their nonuse.

(c) Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.

(d) Where appropriate, specify plans to provide needed professional intervention in the event of adverse effects to participants.

2. Equitable selection of participants:

Target population(s):

Describe the socio-demographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic composition, and other distinguishing characteristics (e.g., homeless youth, foster children, children of substance abusers, pregnant women, gay and lesbian, institutionalized individuals, or other special population groups).

Recruitment and Selection:

(a) Specify the criteria for inclusion or exclusion of participants and explain the rationale for these criteria.

(b) Explain the rationale for the use of special classes of subjects, such a pregnant women, children, institutionalized mentally disabled, prisoners, or others who are likely to be vulnerable.

(c) Summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

3. Absence of Coercion:

(a) Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment project).

(b) If participants are paid or awarded gifts for involvement, explain the remuneration process.

(c) Clarify how it will be explained to volunteer participants that their involvement in the study is not related to services and the remuneration will be given even if they do not complete the study.

4. Appropriate Data Collection:

(a) Identify from whom data will be collected (e.g., participants themselves, family members, teachers, others) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).

(b) Identify the form of specimens (e.g., urine, blood), records, or data. Indicate whether the material or data will be obtained specifically for evaluative/research purposes or whether use will be made of existing specimens, records, or data. Also, where appropriate, describe the provisions for monitoring the data to ensure the safety of subjects.

(c) Provide, in Appendix No. 1, entitled "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that will be used or proposed to be used in the case of cooperative agreements.

5. Privacy and Confidentiality:

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

Note: Grantees must agree to maintain the confidentiality of alcohol and drug abuse client records in accordance with the provisions of Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2).

6. Adequate Consent Procedures:

(a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the project at any time, without prejudice; anticipated use of data; procedures for maintaining confidentiality of the data;

potential risks; and procedures that will be implemented to protect participants against these risks.

(b) Explain how consent will be appropriately secured for youth, elderly, low literacy and/or for those whom English is not their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, awardees may be required to obtain written informed consent.

(c) Indicate whether it is planned to obtain informed consent from participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they understand the forms? Are they given copies of what they sign?

Copies of sample (blank) consent forms should be included in Appendix No. **3**, entitled "Sample Consent Forms." If appropriate, provide English translations.

Note: In obtaining consent, no wording should be used that implies that the participant waives or appears to waive any legal rights, is not free to terminate involvement with the project, or releases the institution or its agents from liability for negligence.

(d) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for participation in the project itself. For example, will separate consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

7. Risk/Benefit Discussion:

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in

relation to the importance of the knowledge that may reasonably be expected to result.

_____APPENDICES (Only the appendices specified below may be included in the application. **These appendices must not be used to extend or replace any of the required sections of the Project Narrative.** The total number of pages in the appendices **CANNOT EXCEED 30 PAGES,** excluding all instruments.)

_____Appendix 1: Data Collection Instruments/Interview Protocols. . . . . .
_____Appendix 2: Sample Consent Forms . . . . . .
_____Appendix 3: Letters of Coordination/Support. . . .
_____Appendix 4: Non-Supplantation of Funds. . . . . .
_____Appendix 5: Copy of Letter(s) to SSA(s) . . . . .

_____ASSURANCES NON-CONSTRUCTION PROGRAMS (STANDARD FORM 424B)

_____CERTIFICATIONS

_____DISCLOSURE OF LOBBYING ACTIVITIES

_____CHECKLIST PAGE (See Appendix C in Part II for instructions)

TERMS AND CONDITIONS OF SUPPORT

For specific guidelines on terms and conditions of support, allowable items of expenditure and alterations and renovations, applicants must refer to the sections in Part II by the same names. In addition, in accepting the award the Grantee agrees to provide SAMHSA with GPRA client outcome data(if applicable) and evaluation data as well as work with the PCC in identifying common variables that they can use for additional cross-project analyses to generalize the findings for larger populations and/or other domains.

Reporting Requirements

For the SAMHSA policy and requirements related to reporting, applicants must refer to the Reporting Requirements section in Part II.

Lobbying Prohibitions

SAMHSA's policy on lobbying prohibitions is applicable to this program; therefore, applicants must refer to the section in Part II by the same name.

AWARD DECISION CRITERIA

Applications will be considered for funding on the basis of their overall technical merit as determined through the IRG and the CSAP National Advisory Council review process.

Other award criteria will include:

- Availability of funds.
- Overall program balance in terms of geography (including rural/urban areas), race/ethnicity and gender of proposed project population, and project size.
- Certification of formal coordination/collaboration with a Federal and/or non-Federal organization that has the recognized capacity to provide collaborative intervention services.
- Evidence of nonsupplantation of funds.

CONTACTS FOR ADDITIONAL INFORMATION

Questions concerning program issues may be directed to:

Soledad Sambrano, Ph.D.
Division of Knowledge Development and Evaluation
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
Rockwall II, Room 1075
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9110

Questions regarding grants management issues may be directed to:

Edna Frazier
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration

Rockwall II, Room 630
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-6816

APPENDIX A - CSAP GPRA CLIENT OUTCOME MEASURES FOR DISCRETIONARY PROGRAMS

Form Approved
OMB No. 0930-0208
Expiration Date: 10/31/2002

CSAP GPRA Client Outcome Measures for Discretionary Programs

ADULT TOOL

RECORD MANAGEMENT

Client ID |____|____|____|____|____|____|____|____|____|____|____|____|

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|____|____|

Grant Year |____|____|
Year

Interview Date |____|____| / |____|____| / |____|____|

Interview Type **1. PRETEST 2. POST-TEST**
3. 6 MONTH FOLLOW-UP 4 . 12 MONTH FOLLOW-UP

DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender

- O **Male**
- O **Female**
- O **Other (please specify) _____**

2. Are you Hispanic or Latino?

O **Yes** O **No**

3. What is your race?

- O **Black or African American**
- O **Asian**
- O **American Indian**
- O **Native Hawaiian or other Pacific Islander**
- O **Alaska Native**
- O **White**
- O **Other (Specify)_____**

4. What is your date of birth |____|____| / |____|____| / |____|____|
Month / Day / Year

DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following: **Number of Days**

a. **Any alcohol** |____|____|

b. **Alcohol to intoxication (5+drinks in one setting)** |____|____|

c. **Other illegal drugs** |____|____|

2. During the past 30 days how many day have you used any of the following: **Number of Days**

a. **Cocaine/Crack** |____|____|

b. **Marijuana/Hashish, Pot** |____|____|

c. **Heroin or other opiates** |____|____|

d. **Non prescription methadone** |____|____|

e. **PCP or other hallucinogens/ psychedelics, LSD, Mushrooms, Mescaline** |____|____|

f. **Methamphetamine or other amphetamines, Uppers** |____|____|

g. **Benzodiazepines, barbiturates, other tranquilizers, Downers, sedatives, or hypnotics** |____|____|

h. **Inhalants, poppers, rush, whippets** |____|____|

i. **Other Drugs--Specify_____** |____|____|

3. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of a cigarette?

○ Yes ○ No

4. During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?

_____# of Days

5. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you used snuff, even once?

○ Yes ○ No

6. **Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?**

○ Yes ○ No

7. **During the past 30 days, that is since DATEFILL, have you smoked tobacco in a pipe, even once?**

○ Yes ○ No

8. **How old were you the first time you smoked part or all of a cigarette?**

_____ years old

If never smoked all or part of a cigarette please mark the box 9

9. **Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.**

AGE: _____

If never had a drink of an alcoholic beverage please mark the box 9

10. **How old were you the first time you used marijuana or hashish?**

AGE: _____

If never used marijuana or hashish please mark the box 9

11. **How old were you the first time you used any other illegal drugs?**

AGE: _____

If never used illegal drugs please mark the box 9

ATTITUDES AND BELIEFS

1. **How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?**

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk

2. **How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month?**

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk

3. How much do people risk harming themselves physically and in other ways when they:
a. Have four or five drinks of an alcoholic beverage nearly every day?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk

b. Have five or more drinks of an alcoholic beverage once or twice a week?

- ○ No risk
- ○ Slight risk
- ○ Moderate risk
- ○ Great risk

4. How do you feel about adults smoking one or more packs of cigarettes per day?

- ○ Neither approve nor disapprove
- ○ Somewhat disapprove
- ○ Strongly disapprove

5. How do you feel about adults trying marijuana or hashish one or twice?

- ○ Neither approve nor disapprove
- ○ Somewhat disapprove
- ○ Strongly disapprove

6. How do you feel about adults having one or two drinks of an alcoholic beverage nearly every day?

- ○ Neither approve nor disapprove
- ○ Somewhat disapprove
- ○ Strongly disapprove

7. How do you feel about adults driving a car after having one or two drinks of an alcoholic beverage?

- ○ Neither approve nor disapprove
- ○ Somewhat disapprove
- ○ Strongly disapprove

EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

1a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

○ Yes ○ No

YOUTH TOOL
(12 years old and over)

RECORD MANAGEMENT

Client ID |____|____|____|____|____|____|____|____|____|____|____|____|

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|

Grant Year |____|____|
Year

Interview Date |____|____| / |____|____| / |____|____|

Interview Type 1. PRETEST 2. POST-TEST
3. 6 MONTH FOLLOW-UP 4 . 12 MONTH FOLLOW-UP

DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender

- ○ Male
- ○ Female
- ○ Other (please specify) _____

2. Are you Hispanic or Latino?

○ Yes ○ No

3. What is your race?

- ○ Black or African American
- ○ Asian
- ○ American Indian
- ○ Native Hawaiian or other Pacific Islander
- ○ Alaska Native
- ○ White
- ○ Other (Specify)_____

4. What is your date of birth |____|____| / |____|____| / |____|____|
Month / Day / Year

DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following: **Number of Days**

a. **Any alcohol** |___|___|

b. **Alcohol to intoxication (5+drinks in one setting)** |____|____|

c. **Other illegal drugs** |____|____|

2. During the past 30 days how many day have you used any of the following: **Number of Days**

a. **Cocaine/Crack** |____|____|

b. **Marijuana/Hashish, Pot** |____|____|

c. **Heroin or other opiates** |____|____|

d. **Non prescription methadone** |____|____|

e. **PCP or other hallucinogens/ psychedelics, LSD, Mushrooms, Mescaline** |____|____|

f. **Methamphetamine or other amphetamines, Uppers** |____|____|

g. **Benzodiazepines, barbiturates, other tranquilizers, Downers, sedatives, or hypnotics** |____|____|

h. **Inhalants, poppers, rush, whippets** |____|____|

i. **Other Drugs--Specify_____** |____|____|

3. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of a cigarette?

O **Yes** O **No**

4. During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?

_____# of Days

5. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you used snuff, even once?

O Yes **O No**

6. **Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?**

O Yes **O No**

7. **During the past 30 days, that is since DATEFILL, have you smoked tobacco in a pipe, even once?**

O Yes **O No**

8. **On how many occasions (if any) have you had alcohol to drink-more than just a few sips?**

- **O Never**
- **O 1-2**
- **O 3-5**
- **O 6-9**
- **O 10-19**
- **O 20-39**
- **O 40 or more**

9. **How old were you the first time you smoked part or all of a cigarette?**

_____ years old

If never smoked part or all of a cigarette please mark the box 9

10. **Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.**

AGE: _____

If never had a drink of an alcoholic beverage please mark the box 9

11. **How old were you the first time you used marijuana or hashish?**

AGE: _____

If never used marijuana or hashish please mark the box 9

12. **How old were you the first time you used any other illegal drugs?**

AGE: _____

If never used any illegal drugs please mark the box 9

FAMILY AND LIVING CONDITIONS

1. **During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?**
   - O **Not at all**
   - O **Somewhat**
   - O **Considerably**
   - O **Extremely**

2. **During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?**
   - O **Not at all**
   - O **Somewhat**
   - O **Considerably**
   - O **Extremely**

3. **During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?**
   - O **Not at all**
   - O **Somewhat**
   - O **Considerably**
   - O **Extremely**

ATTITUDES AND BELIEFS

1. **It is clear to my friends that I am committed to living a drug-free life.**
   - O **False**
   - O **Maybe**
   - O **True**
2. **I have made a final decision to stay away from marijuana.**
   - O **False**
   - O **Maybe**
   - O **True**
3. **I have decided that I will smoke cigarettes.**
   - O **False**
   - O **Maybe**
   - O **True**
4. **I plan to get drunk sometime in the next year.**
   - O **False**
   - O **Maybe**
   - O **True**

5. **How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?**
   - O **No risk**
   - O **Slight risk**
   - O **Moderate risk**
   - O **Great risk**

O Can’t Say/Drug Unfamiliar

6. **How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month or more?**

- O **No risk**
- O **Slight risk**
- O **Moderate risk**
- O **Great risk**
- O **Can't Say/Drug Unfamiliar**

7. **How much do people risk harming themselves physically and in other ways when they smoke marijuana once or twice a week?**

- O **No risk**
- O **Slight risk**
- O **Moderate risk**
- O **Great risk**
- O **Can't Say/Drug Unfamiliar**

8. **How much do you think people risk harming themselves physically and in other ways when they have four or more drinks of an alcoholic beverage nearly everyday?**

- O **No risk**
- O **Slight risk**
- O **Moderate risk**
- O **Great risk**
- O **Can't Say/Drug Unfamiliar**

9. **How much do you think people risk harming themselves physically and in other ways when they have four or more drinks of an alcoholic beverage once or twice a week?**

- O **No risk**
- O **Slight risk**
- O **Moderate risk**
- O **Great risk**
- O **Can't Say/Drug Unfamiliar**

10. **How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?**

- O **Very wrong**
- O **Wrong**
- O **A little bit wrong**
- O **Not wrong at all**

11. **How wrong do you think it is for someone your age to smoke cigarettes?**

- O **Very wrong**
- O **Wrong**
- O **A little bit wrong**
- O **Not wrong at all**

12. **How wrong do you think it is for someone your age to smoke marijuana?**

- O **Very wrong**

- O **Wrong**
- O **A little bit wrong**
- O **Not wrong at all**

13. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?

- O **Very wrong**
- O **Wrong**
- O **A little bit wrong**
- O **Not wrong at all**

EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

1a. If less than 12 years of education, do you have a GED (Graduate Equivalent Diploma)?

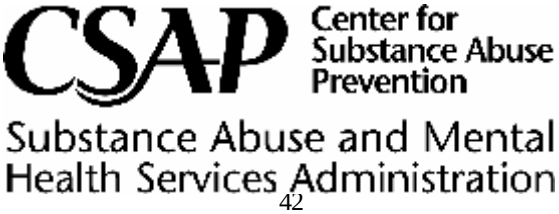
O Yes O No

APPENDIX B

Center for Substance Abuse Prevention

Core Measures Initiative Phase I Recommendations

December 1999



I. INTRODUCTION

1. BACKGROUND

In October 1998, the Center for Substance Abuse Prevention (CSAP) began the process of convening nationally-recognized researchers within five Task Forces in order to apply their expertise to the development of a core compendium of evaluation measures within five domains of prevention-related human behaviors. The five domains include: Alcohol, Tobacco, and Other Drug Use (ATOD); Individual/Peer Factors; Family Factors; School Factors; and Community Factors.

The Core Measure Initiative was launched to meet several key CSAP objectives:

- **To respond to GPRA requirements**: The Government Performance and Results Act (GPRA) mandate has increased Federal agency accountability for determining and monitoring progress in the Federally-sponsored programs. The CSAP core measures provide meaningful common outcome information to support the Center's five GPRA objectives.

- **To promote more consistent use of proven program measures in the Field**: For many programs, there are limited resources available for evaluation activities. By examining and providing these recommended scales, CSAP is providing programs with ready access to effective evaluation measures, thereby allowing scarce evaluation resources to be used to address other methodological and evaluation needs, such as sampling frames and data analysis.

- **To improve accessibility of common data to cross-site evaluations**: By providing commonality to the selection of measures and to conducting data collection, cross-site data will be more accessible and more comparable, not only for multiple grantees within a CSAP program but also for cross-site evaluations across CSAP programs.

The successful development and implementation of the core measures will assist CSAP in meeting these objectives.

2. TASK FORCE CORE MEASURES PROCESS

To complete the review and recommendation for the core measures, the Task Forces gathered instrumentation through contacts with primary investigators and other key experts in the field; reviewed existing compendiums, such as CSAP's Measurements in Prevention; searched several databases; and obtained input via professional ListServs. In addition, CSAP requested that approximately 30 special population experts forward any additional instrumentation and/or comments on any of the instruments being examined with relation to the applicability of the measure to specific populations. (Phase II of the CMI is focusing solely on valid instruments for ethnic populations.)

During the review and rating process, each Task Force used and applied common selection criteria. A copy of the Selection Criteria is provided in Exhibit I. While each Task Force adhered to these guidelines, the emphasis that was placed on specific criteria may have varied across Task Forces.

In addition to providing recommendations for Core Measures, the Task Forces identified a number of cross-cutting issues, which relate to the development of the recommendations and/or implementation by CSAP grantees. While CSAP is preparing a Guidance Document to assist grantees in dealing with these issues, a listing of these concerns is provided below:

- **Variable Selection**—Although the recommended measures can serve as a valuable resource for grantees in identifying measures to address a targeted variable, the program needs to first identify the targeted variable(s) of intervention.

- **Special Populations and Developmental Issues**—While a measure may work well for a specified population, it may have less success if administered to different populations (e.g., ethnic groups, etc.) or different age groups. The report for each measure includes references to the population(s) with which the instrument has been used. In some instances, such as the Family History of ATOD variable, CSAP is recommending two measures (a non-college and college scale) to address these differing populations.

- **Methodological Concerns**—The instrument/scale used is just one component of a program's evaluation effort. Mode of administration (e.g., using pen and pencil self report, interview, etc.), sampling issues and other considerations need to be addressed.

- **Missing Information**—For some instruments gathered and reviewed by Task Forces, key information (e.g., reliability and validity data) may not have been available within the time frame or pending additional studies. As a result, there may be some promising measures that did not make the recommended list. Others, which may have been recommended may have incomplete information in assessing information related to specific population groups.

- **Modifications to Scaling**—Grantees should recognize that customizing scaling (e.g., adding/deleting items, modifying the wording or response item) may compromise the psychometric properties of a scale.

- **Multidimensional Variables/Operational Definitions**—Variables, such as Life Skills and Normative Beliefs may have multiple dimensions or sub-components to them. In addition, primary investigators may be using different operational definitions for the same terminology. To address these concerns, CSAP is including an operational definition for each recommended measure, and in some instances, may be recommending more than one measure to address the multiple sub-components (see Life Skills recommendations). In addition, some Task Force members noted that there were some overlap across constructs both within a domain and across domains.

- **Length of Scale**—For several variables, CSAP is recommending a long and short instrument. This allows a program to select a more in-depth instrument if the targeted variable is a primary focus of the intervention or choose a shorter version if the variable is just one of many the program desires to measure.

- **Proprietary Instruments**—Several of the scales recommended by the Task Force in other reports are copyrighted and thus require permission from the primary investigator before using. A few also have associated ownership costs. To protect copyright licenses, a contact name is provided in lieu of a scale listing for these instruments. Cost information is also recorded.

3. CSAP PROCESS

In late February 1999, the Task Force members presented their draft recommendations to CSAP. With the goal of promoting common measures in mind, CSAP reviewed the Task Force recommendations using the same criteria with special emphasis on:

- **Length of scale**: Given that CSAP and CSAP grantees have limited measurement resources, CSAP considered length of the scales and time for administration when developing the final recommendations.

- **Cost factors**: Again, given resource limitations, CSAP considered the cost of acquiring the scale, the cost of incorporating the scales within grantee measurement instruments, and the cost of administration when developing the final recommendations. CSAP limited its recommendations to those with no cost.

- **Public versus private domains**: Scales that are in the public domain, and therefore immediately accessible to and available for grantee use, were considered more favorably than scales that are protected by copyright laws making the privately held scales more difficult/costly to obtain.

- **Prevalence of use**: Scales that are currently in wide use were viewed more positively than more obscure scales, given the accessibility and resource issues mentioned above.

The CSAP review had two primary outcomes:

- CSAP core measure reviewers narrowed the number of scales per construct.

- CSAP chose to continue review of best measures for a number of constructs where more information was needed.

CSAP views the identification of best measures as an evolutionary process needing regular updating and consensus-building.

4. PROPOSED NEXT STEPS

While the State Incentive Grant (SIGS) grantees and other CSAP program grantees are serving as volunteer pilots for these recommendations, CSAP is also continuing the review process by convening experts on culture to review the recommendations for the measure and the field to identify instruments appropriate for special populations. This review will also provide an opportunity to add additional recommended measures and constructs, which may be specific to special groups. CSAP also plans to incorporate the recommendations and scales into an online expert system (available through CD-ROM and Internet).

Similarly, CSAP will be working towards filling gaps in best measures for remaining constructs, age and gender groups, and respondent categories.

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EXHIBIT I
CRITERIA FOR SELECTING CORE MEASURES

- *Popularity/prior use.* Are the questions in wide use, so that comparisons can be made to national or regional norms?
- *Availability.* Are the questions in the public domain? If not, can permission for their use be obtained with relative ease, and at low cost?
- *Scoring*. Is scoring simple and straightforward?
- *Length.* Are the questions themselves relatively brief? Is the number of questions tapping any particular domain appropriately limited (perhaps 3-5)?
- *Reading level*. For constructs targeting children and youth, does the language and referent periods queried appear to be accessible for children as young as 9 or 10?
- *Developmental appropriateness*. Is question wording and content developmentally appropriate for the variety of populations with which they are likely to be used?
- *Internal reliability.* Do the items cohere? Do they have an acceptable coefficient alpha (i.e., >.70)? Is there coefficient alpha so high (i.e., >.90) that the items may be simply redundant?
- *Test/retest stability.* Is there evidence to suggest that responses to questions remain reasonably consistent over time?
- *Sensitivity to change*. Is there evidence that the measure is capable of demonstrating an intervention effect when such an effect truly occurs?
- *Cultural appropriateness*. Is there evidence that the instrument has been successfully used with individuals from different cultural backgrounds?
- *Recognition*. Is there evidence that the measures have achieved a degree of respectability?
- *Generalizability.* Have the questions been used successfully with different populations?
- *Ease of administration*. Is the administration of the measures practical and feasible in terms of cost and training required?

TABLE OF CORE MEASURES
DOMAINS, CONSTRUCTS, AND INSTRUMENTS

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
Alcohol, Tobacco and Other Drugs	Lifetime Use		Monitoring the Future	96
	Age at First Use		National Household Survey of Drug Use	98
	30-day Use		Monitoring the Future	96
	Dependency		Monitoring the Future	96
	Problem Drinking		(Cut, Annoyed, Guilty, Eye Opener)	Web*
	Binge Drinking		Monitoring the Future	96
Individual/Peer	Rebelliousness/	Rebelliousness	Student Survey of Risk and Protective Factors	98
	Rebelliousness/	Impulsiveness	Student Survey of Risk and Protective Factors	98
	Antisocial Attitudes	Favorable Attitudes Toward Antisocial Behavior	Student Survey of Risk and Protective Factors	98
	Antisocial Attitudes	Belief in the Moral Order	Student Survey of Risk and Protective Factors	98
	Self-Esteem		Rosenberg's Self-Esteem Scale	
	Attitude Toward Use	Favorable Attitudes Toward Use	Student Survey of Risk and Protective Factors	98
	Attitude Toward Use	Disapproval of Drug Use	Monitoring the Future	96

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
	Perceived Harm/Risk	Perceived Harm	Monitoring the Future	96
	Perceived Harm/Risk	Perceived Risk of Drug Use	Student Survey of Risk and Protective Factors	98
	Intentions/Expectations		Tanglewood Research Evaluation	11/99
	Life Skills	Stress Management Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Life Skills	Decision Making Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Life Skills	Social Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
Individual/Peer (cont'd)	Life Skills	Goal Setting Skills	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Life Skills	Assertiveness	Botvin Life Skills Evaluation	
	Normative Beliefs	Beliefs About Peer Norms	Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99
	Normative Beliefs	Interaction with Antisocial Peers	Student Survey of Risk and Protective Factors	98
	Leadership/Mentoring		Tanglewood Research Evaluation (Wake Forest Evaluation)	11/99

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
	Antisocial Behavior		In progress	
	Engagement in Prosocial Activities		In progress	
	Media Literacy		In progress	
	Mental Health Factors		In progress	
	Religiosity		In progress	
	Resistance Skills		In progress	
	Risk Taking/Sensation Seeking		In progress	
School	School Bonding/ Commitment		Student Survey of Risk and Protective Factors	98
	School Grades and Records		Student Survey of Risk and Protective Factors	98
	Education Expectations and Aspirations		Monitoring the Future	96
	Parent-School Involvement		Parent-School Involvement	
	School Safety/ Dangerousness		Youth Risk Behavior Survey	97
	Academic Self-Esteem		In progress	
	Positive School Behaviors/Problem School Behaviors		In progress	
	School Climate		In progress	
	School Health and Environment Policies		In progress	
Family	Family Conflict		Student Survey of Risk and Protective Factors	98

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
	Family Cohesion		Family Relations Scale	
	Parent/Child Bonding	Parent-Child Affective Quality (Parent Report)	Parent-Child Affective Quality	
	Parent/Child Bonding	Family Attachment Scale	Student Survey of Risk and Protective Factors	98
	Family ATOD Use/ History of Use	Family History of Antisocial Behavior	Student Survey of Risk and Protective Factors	98
	Family ATOD Use/ History of Use	Family History of AOD Problems	FIPSE Core Alcohol and Drug Survey	1989-1993
	Parenting Practices	Poor Family Management	Student Survey of Risk and Protective Factors	98
	Parenting Practices	Poor Discipline	Student Survey of Risk and Protective Factors	98
	Family Composition		Capable Families and Youth Family Form	Fall 1998
	Perceived Parental Attitudes Toward Youth ATOD Use		Student Survey of Risk and Protective Factors	98
	Family Involvement	Opportunities for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Family Involvement	Rewards for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Decision Making/ Problemsolving		In progress	
	Family Coping Styles		In progress	

Domain Code	Construct Name	Sub-Construct Scale	Instrument Name	Version
	Family Ethnic Identity		In progress	
	Family Stress		In progress	
	Poverty		In progress	
	Resources/Opportunity Structures		In progress	
	Social Support		In progress	
Community	Neighborhood Attachment		Student Survey of Risk and Protective Factors	98
	Social Disorganization	Social Disorganization	Student Survey of Risk and Protective Factors	98
Community (cont'd)	Social Disorganization	Frequency of Participation in Organized Community Activities	National Youth Survey	12-18 Version
	Sense of Community		Sense of Community Index	
	Perceived Availability of Drugs and Handguns		Student Survey of Risk and Protective Factors	98
	Youth Participation	Opportunities for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Youth Participation	Rewards for Prosocial Involvement	Student Survey of Risk and Protective Factors	98
	Community Laws and Norms		In progress	
	Empowerment		In progress	
	Enforcement		In progress	
	Social Support		In progress	

APPENDIX C- REFERENCES

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